

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER		T/A		C	
				S		N/A			
				F				D	
				1		2		13 14 15	
LABEL ITEMS				PLEASE PLACE LABEL IN THIS SPACE					
I. EPA I.D. NUMBER									
III. FACILITY NAME									
V. FACILITY MAILING ADDRESS									
VI. FACILITY LOCATION									
II. POLLUTANT CHARACTERISTICS				GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .									
SPECIFIC QUESTIONS				Mark "X"			Mark "X"		
				YES	NO	FORM ATTACHED			
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)					X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)		
				16	17	18			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				X		X	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S. ? (FORM 2D)		
				22	23	24			
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)					X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		
				28	29	30			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)					X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		
				34	35	36			
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)					X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area ? (FORM 5)		
				40	41	42			
III. NAME OF FACILITY									
C									
1				SKIP City of Chesapeake					
15				16 - 29 30 59					
IV. FACILITY CONTACT									
A. NAME & TITLE (last, first, & title)				B. PHONE (area code & no.)					
C									
2				Broad, III, PE, Richard - Stormwater Administrator (757) 382-3321					
15				16 45 46 48 49 51 52- 55					
V. FACILITY MAILING ADDRESS									
A. STREET OR P.O. BOX									
C									
3				P.O. Box 15225					
15				16 45					
B. CITY OR TOWN				C. STATE		D. ZIP CODE			
C									
4				Chesapeake		VA		23328	
15				16 40 41 42		47 51			
VI. FACILITY LOCATION									
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER									
C									
5				N/A					
15				16 45					
B. COUNTY NAME									
C									
N/A									
46				70					
C. CITY OR TOWN				D. STATE		E. ZIP CODE		F. COUNTY CODE (if known)	
C									
6				Chesapeake		VA		N/A	
15				16 40 41 42		47 51		52 -54	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7	9	1	9	(specify)					C	7	(specify)							
15	16	General Government								15	16	N/A							
C. THIRD										D. FOURTH									
C	7	(specify)								C	7	(specify)							
15	16	N/A								15	16	N/A							

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?									
C	8	City of Chesapeake													<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16														55	56								
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)															D. PHONE (area code & no.)									
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)															(specify) (757) 382-3321									
M															A									
55															15 16 18 19 21 22 26									

E. STREET OR P.O. BOX														
306 Cedar Road														
26 55														

F. CITY OR TOWN										G. STATE		H. ZIP CODE		IX. INDIAN LAND	
C	B	Chesapeake								VA		23328		Is the facility located on Indian lands?	
15	16									40	41	42	47	51	52
														<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS


A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)											
C	9	N	See Attached							C	9	P	N/A								
15	16	17	18	30							15	16	17	18	30						
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)											
C	9	U	N/A							C	9	See Attached									
15	16	17	18	30							15	16	17	18	30						
C. RCRA (Hazardous Wastes)										E. OTHER (specify)											
C	9	R	See Attached							C	9	See Attached									
15	16	17	18	30							15	16	17	18	30						

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.


XII. NATURE OF BUSINESS (provide a brief description)

Municipal Government

 The characterization was completed and submitted as part of the original permit application, Part II.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE										C. DATE SIGNED									
William E. Harrell, City Manager																				10/25/07									

COMMENTS FOR OFFICIAL USE ONLY

COMMENTS FOR OFFICIAL USE ONLY														
C														
15	16													